

Steve Bullock, Governor

Richard H. Opper, Director

Dear Prospective Chemical Dependency Facility Service Provider:

Thank you for your interest in a Chemical Dependency Facility in Montana. This letter is intended to guide you through the licensing process. The following items must be completed and submitted to initiate the licensing process:

- A license application and fee. The application can be downloaded at:
<http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications/LBMentalHealthCenter.aspx>
- A floor plan of your facilities (can be hand drawn if dimensioned) indicating the size and name of all areas and rooms. Attach a copy of this floor plan to your application. Send the original floor plan for review to:

Joe Merrill, Construction Consultant
DPHHS/Quality Assurance Division/Licensure Bureau
2401 Colonial Drive, PO Box 202953
Helena MT 59620-2953

- Local Building Code approval. If your facility is new construction, please submit the Certificate of Occupancy, issued by the local or State building code authority.
- State Fire Marshal or designee certification. Please refer to the State Fire Marshall's website at <https://dojmt.gov/enforcement/investigations-bureau/fire-prevention> and contact the Fire Marshal for your area to determine who will conduct your fire inspection.
- If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for potability dated within the past year. Please contact your local County Health Department for assistance.
- If the facility is not on a city sewer system, please submit a copy of the local County Health Department septic system inspection. As a septic system is approved based on the number of bedrooms in a facility, the septic system inspection report must reflect the number of bedrooms (please note – number of bedrooms, not number of residents) in the facility applied for.
- A written policy and procedure manual for review and approval that describes all services provided in the health care facility as required by ARM 37.106.330 and ARM 37.106.1420.

Policy Manual must include:

- A written policy and procedure that assures implementation of all clinical requirements as required by ARM 37.106.1440.
- A written personnel policy as required by ARM 37.106.1430.
- A resident rights policy as required by ARM 37.106.1450.
- A policy and procedure for emergency evacuation as required by ARM 37.106.322.
- A grievance policy as required by ARM 37.106.1420.
- An Infection prevention and control policy as required by ARM 37.106.313.
- A written maintenance program as required by ARM 37.106.320.
- A written disaster plan and offsite evacuation agreement as required by ARM 37.106.322.

Upon submission of all the aforementioned information and documentation, the Licensure Bureau will schedule an onsite visit within 45 working days from the receipt of the last document. You may not admit residents in your facility until you are licensed.

Statutes and Rules governing Chemical Dependency Facilities can be found at:
<http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications>

Please complete and return all items above, **with the applicable** fee, to the address specified below: (label enclosed)

Suzie Graveley, Administrative Assistant
DPHHS/Quality Assurance Division/Licensure Bureau
2401 Colonial Drive, PO Box 202953
Helena MT 59620-2953

If you have further questions you may call; Julie Fink, Program Manager at 563-4668 or Suzie Graveley, Administrative Assistant at 444-2676.

Sincerely,

Julie Fink
Licensure Bureau
Quality Assurance Division
(406)563-4668